

OSAH FORM 1

This form is available online at <http://www.ganet.org/osah/form.html> or by telephone request at (404)657-2800.

OSAH USE ONLY DOCKET NUMBER:	AGENCY CODE DMVS	CASE TYPE OWOS	DOCKET NUMBER	COUNTY CODE	JUDGE
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**USE FOR OVERWEIGHT-OVERSIZE HEARINGS ONLY THAT ARISE UNDER
O.C.G.A §§ 32-6-20 through 30**

County in which the Regional Enforcement Office is located or in which OWOS cases for a region are routinely heard: _____

TRUCK DRIVER

NAME:	TEL NO:	FAX NO:
CURRENT ADDRESS INCLUDING ZIP CODE AS SHOWN ON HEARING REQUEST:	CITATION NUMBER:	EMAIL:

TRUCKING COMPANY

NAME OF COMPANY:	TEL NO:	FAX NO:
CURRENT ADDRESS INCLUDING ZIP CODE AS SHOWN ON HEARING REQUEST:	NAME OF COMPANY OFFICIAL:	EMAIL:

TRUCK DRIVER'S OR TRUCKING COMPANY'S ATTORNEY

HEARING REQUEST FILED BY : ☐ TRUCK DRIVER ☐ TRUCKING COMPANY ☐ ATTORNEY FOR EITHER

ONLY INDICATE AN ATTORNEY IF THE ATTORNEY AND NOT THE TRUCK DRIVER OR TRUCKING COMPANY HAS REQUESTED THE HEARING. A CLIENT'S DESIGNATION OF AN ATTORNEY DOES NOT CONSTITUTE AN ENTRY OF APPEARANCE FOR THE ATTORNEY.

NAME:	TEL NO:	FAX NO:
CURRENT ADDRESS (including zip):	GEORGIA BAR #:	EMAIL:

DMVS

NAME: DEPARTMENT OF MOTOR VEHICLE SAFETY DIVISION OF GENERAL COUNSEL	TEL NO: (678) 413-8400	FAX NO: (678) 413-8450
CURRENT ADDRESS INCLUDING ZIP CODE: PO BOX 80447 CONYERS, GA 30013	DESIGNATED COUNSEL'S GEORGIA BAR #:	EMAIL:
DESIGNATED COUNSEL:	TEL NO:	FAX NO:

In addition to notices, continuances or decisions mailed to DMVS DIVISION OF GENERAL COUNSEL, a copy of the same should also be mailed to DMVS CITATIONS UNIT, 320 Chester Ave., Bldg 320, Atlanta, GA 30016

INDICATE DOCUMENTS ATTACHED:

- ☐ Citation
☐ Hearing request by Driver, Company or
☐ By Attorney
☐ Copy of scale certification
☐ Other, please specify: _____